

SPECIAL ACCESS PROGRAM INITIAL SECURITY BRIEFING

For use of this form, see AR 380-381; the proponent agency is OCSA

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority	Title 10, USC 3013.
Principal Purpose	Obtain accountability data for access to SAP information.
Routine Uses	None.
Disclosure	Disclosure of the information is voluntary. However, failure to provide the data may delay or preclude access to this program's information.

I, the undersigned, certify that I have received a security briefing concerning the below listed special access program(s).

I am aware that willful disclosure of classified government information to any unauthorized person may be punishable under federal criminal statutes.

I realize that the safeguarding of classified information or material is of the utmost importance and that loss or compromise of this information could be detrimental to the interests of national security.

Program(s) _____
(Nickname or Codeword)

I understand that specific classification guidance exists for this program and is available for reference. I have been instructed in the nature of this classified information and the procedures governing its safeguarding. I understand that willful violation or disregard of security regulations may cause the loss of my access authorization and security clearance.

I agree that I will never divulge, publish, or reveal (either by word, conduct, or other means) any classified defense information or knowledge concerning the above special access program(s) except in the performance of my official duties or as authorized by the laws of the United States.

I understand that no change in my relationship and/or my organization's relationship will relieve me of my obligation under this agreement.

I take this obligation freely, without any mental reservation or purpose of evasion. I understand that signing this document constitutes agreement to undergo initial and random counterintelligence-scope polygraph examinations and urinalyses, if requested by proper authority, to determine my suitability for receiving and/or maintaining access to program information.

WITNESS:

(Signature)

(Date)

(Signature)

(Date)

(Printed Name)

(Printed Name)

(SSN)

(Position/Organization)

(Organization/Telephone Number/Position)